

National Capitol Area Council Washington DC District

Fall 2010 Camporee



The Amazing Race

at

Broad Creek Memorial Scout Reservation Camp
Saffran

Event Guide

October 22 - 24, 2010

THE AMAZING RACE CAMPOREE STAFF

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INTRODUCTION - The Washington DC District Fall Camporee is being held at Camp Saffron at Broad Creek Memorial Scout Reservation, October 22 – 24, 2010. The fall camporee will involve activities in which patrols comprised of Scouts and 2nd year WEBELOS, race round the world (designated field areas within Camp Saffron) in competition with other patrols. Scouts strive to arrive first at "pit stops" at the end of each leg of the race to win the competition. Cub Scouts and 1st year WEBELOS will join the camporee by participating in a variety of fun and skill packed activities. The theme for this years exciting camporee is "*The Amazing Scout Race*".

Updates and last minute information may be obtained from the Washington DC District Camporee website, www.DCCamporee.info.

PARTICIPATION REQUIREMENTS – The Boy Scout of America has established guidelines for its members' participation in camping activities.

NOTE: ALL FAMILIES MUST PROVIDE THEIR OWN TENTS. Please bring your own linens and sleeping bags!

Boy Scouts – At least one adult must be present for every eight youth members, but no fewer than two adults. At least one adult must be a registered Scouter, 21 years of age or older. Each troop (to include 1st and 2nd year Webelos) will be responsible for their own breakfast, lunch and dinner.

Webelos Scouts – 2nd year Webelos Scout will be assigned to a specific Scout patrol and may participate in overnight Scout camping. A 1st year Webelos Scout may participate in overnight den camping when supervised by his mother or father. If a parent cannot attend, arrangements must be made by the boys's family for another youth's parent, adult relative or family friend to be a substitute (not the Webelos leader) at the campout.

To adhere to BSA policy, a notarized note from the youth's parent or legal guardian stating that the "friend" is allowed to accompany the Webelos on the campout and they will NOT be allowed to camp with the child. The child would have to bunk with another Webelos if the parent cannot attend.

Cub Scouts - Cub Scouts will participate in a separate Day Program from 9:00 a.m. – 5:00 p.m. on Saturday, October 23, 2010. Those Cubs and parents wishing to stay overnight, Family Camping will be available. Those participating in Family Camping the cost will then be \$12.00 per person (which includes the cost for Day Program activities).

Cub and Cub parents (Tiger, Wolf, and Bear) may either bring their lunches for Saturday or for an additional \$3.00 enjoy delicious lunch in the OA pavillion prepared by the Camporee Cook Crew. Prior arrangements for these lunches must be made at the time registrations are sent in.

Leaders, Senior Patrol Leaders and Staff are invited to Cracker Barrel on Friday and Saturday nights at the main pavilion.

REGISTRATION – Advanced registration is a **MUST**. This event requires an accurate count of participants in order to ensure adequate program material is available for all programs. Registration for over night camping participants will be \$12.00 per attendee (Boy Scouts, Boy Scout Adult Leader/Parent, Webelos I and II, and Webelos Leader/Parent). Registration for Saturday Cub Day Program participants will be \$5.00 per attendee (Cub Scout, Cub Leaders and parents visiting for the day). The fee for Cub Scouts, Cub Leaders and Cub parents staying overnight in Family Camping is \$12.00. For those Tiger, Wolf, or Bear participants (youth or adult) desiring a Camporee Staff prepared lunch, there will be an additional charge of \$3.00. This does not include dinner. Payment in full is due by October 22. Visit the Washington DC District website www.DCCamporee.info for registration for the *Amazing Race*.

NOTE: The Cub Scout Saturday afternoon program will be held at Applewood Farm 2 miles from Broadcreek. There will be a reduced cost of \$3.00 per person (included in registration). Everyone will be able to enjoy the activities and take home a pumpkin! Cub Scout leaders and parents will need to transport the kids to and from the farm.

ARRIVAL – Arrival/Check-In begins at 6:00 p.m. Friday night for campers. Broad Creek is approximately 2 hours from the Washington Metropolitan area. **Please allow for weekend traffic congestion when considering your travel time.** Be aware that there will be a toll road charge of \$2.00 per every 2 axles. Units will be directed to a designated area for unloading and parking. Please follow directions. Unit trailers/vehicles will not be permitted to park directly onto camping area; gear will need to be unloaded at the campsite and then moved to the designated parking area. Transport both gear and people in as few vehicles as possible is suggested. A unit leader should report to the Registration area next to the Main Office Building after 5:00 P.M. with a completed Unit Attendance forms and Medical Information forms. At this time, you will be presented with event related information.

Arrival/Check-In begins at 7:00 a.m. Saturday morning for Cub Day participants. Drivers will be directed to the designated area for parking. Cub leaders should go to the Registration area next to the Main Office Building to check-in. Please have medical forms for everyone attending in your group. If your unit will be participating in the afternoon lunch, please ensure that it is noted on your registration form.

FEES – Fees required for each adult and youth attending the camporee is outlined on the Registration form and due by October 22. Fees cover required insurance, program material, patches and incidental costs. Online registration is preferred. Fees can be paid using a credit card, checks, or money orders. Checks or Money Orders should be made out to BSA-NCAC and include the Washington DC 2010 Fall Camporee in the memo and mailed along with your online registration to:

NCAC, BSA
9190 Rockville Pike
Bethesda, MD 20814-3897

LOCAL TOUR PERMITS – Each unit must fill out and submit a Local Tour Permit (34426E) to the Marriott Scout Service Center (units outside of NCAC should follow rules specific to your Council). Because this camporee will take place in another Council, a tour permit will be required.

TRANSPORTATION – It is the responsibility of each unit to ensure that transportation requirements are met. Each vehicle transporting youth must be driven by a properly licensed adult, 18 years of age or older. Vehicles must be insured to at least the minimum level listed on a tour permit and each person must have a seat belt securely fastened. Unless being transported by a parent or guardian, the youth

protection “rule of three” should be observed. There should never be a one-on-one situation. A minimum of two adults and one youth, or two youth and one adult is the rule.

MEDICAL INFORMATION FORMS – Each adult and youth member attending the Fall Camporee must provide a properly filled out Medical Information form (334605) at check-in on the day of the camporee. A copy of the BSA Annual Health and Medical Record form is included in this guide. You may also obtain a copy of this form by accessing www.Scouting.org. Upon the request of the participant, the medical forms will be returned to the participant at the end of the camporee. Otherwise, the health forms will be destroyed after the camporee.

NOTE: At registration, please notify the health staff of any participant with special health issues, required medication or special equipment.

PROHIBITED – The Boys Scouts of America and the Washington DC District Camporee Committee strictly prohibited the following items and activity. Violation may cause ejection from the camporee.

- Alcohol
- Illegal Drugs
- Firearms
- Laser Pointers
- Liquid Fire Starter
- Sheath Knives
- Fireworks
- Double Bladed Axes
- Cutting or breaking live trees
- Entering another campsite without permission
- Vandalism
- Pets (Service animals excluded)

REQUIRED EQUIPMENT – The following equipment is required for each Family Unit, Cub Pack, Webelos Den, and Troop/Patrol to participate in the Fall Camporee:

- Boy Scout Handbook
- Den/Patrol Flag
- Tents
- Sleeping Bag
- Toiletries
- Extra clothing

Equipment that will be required to be carried by each Patrol during the event will be distributed at the last Roundtable (or shortly thereafter) before the Camporee.

ADULT LEADERS ARE TO ENSURE YOUTH MEMBERS ARE PROPERLY SUPERVISED AT ALL TIMES!

CONDUCT – All Scouts and Scouters are expected to adhere to the principles of the Scout Oath, Scout Law and the Outdoor Code. Youth Protection should be in effect and adhered to at all times. Boy Scouts should operate under the patrol method with the Patrol Leader or designated alternate in charge. The Senior Patrol Leader (SPL) is in charge of the Troop.

CRACKER BARREL – There will be a Adult leader, Senior Patrol and Staff Cracker Barrel on Friday night. **At least one adult leader from each unit should be present to obtain pertinent camporee information.**

GROUND FIRES – Ground fires are **NOT** permitted outside of designated fire rings. Only 1 fire ring is available at each campsite. Since multiple units are sharing a campsite, expect to share the fire ring as well if you plan on using the provide fire ring.

Fires must be contained in completely above ground (minimum 18” off ground). **FIRES MUST BE ATTENDED TO AT ALL TIMES!** Charcoal grills and/or propane stoves with proper supervision are recommended for cooking. Firewood is not available at the camporee.

WATER – Units are to provide unbreakable containers to transport water from water source to their campsite. The water source is not to be used for any other purposes such as washing up, brushing teeth, playing and washing dishes. **Adult and boy leaders are responsible for maintaining discipline at the water source!**

LOST AND FOUND – Items found should be returned to the camporee Registration area.

CHURCH SERVICES - Scouts own services will be conducted on Sunday morning at 10:00 a.m. The location for the service will be announced at the Friday night Cracker Barrel. Scouts should honor the twelfth Scout Law, “*A Scout is Reverent*”, by attending church services or conducting a “Scouts’ Own” at their site during that time. All are welcomed.

SANITATION – Since both adults and youth will be using the provided facilities, the cleanliness of the facilities is the responsibility of everyone who use them. Instruct youth members of proper conduct when using the facilities. The facilities will be monitored frequently for cleanliness and, if necessary, units will be assigned to clean them. Disrespect and damage will not be tolerated. Anybody observed abusing the facilities will be immediately brought to the attention of their unit leader and that unit will be required to clean the facilities and/or pay for any damage.

TRASH – All trash must be placed in appropriate containers and removed from the campsites at the conclusion of the camporee. Cooking grease must be placed in a covered container and discarded with the trash. Waste water used for clean-up is to be scattered well away from any inhabited campsite, preferably along a tree line. Solid waste should be screened out before scattering waste water. Cooking grease and waste water should never be discarded in the latrines. **PLEASE CARRY YOUR TRASH TO THE DUMPSTER!** The location of the dumpsters will be announced on Friday night at the camporee.

FIRST AID – A First Aid station will be staffed at all times during the camporee. Braun Cameron and his health and safety staff responsible for all medical issues during the camporee. All injuries should be brought to the attention of the First Aid staff in order to evaluate, treat and log the incident. If a victim cannot be moved, two (2) runners should be dispatched to the /first Aid station to summon assistance.

INSPECTIONS – Unit campsite will be inspected during the camporee. Unit should adhere to established Scout practice regarding health and safety, patrol organization and site appearance. A copy

of the inspection form is enclosed. A final site inspection will be conducted prior to unit departure at 10:00 a.m. on Sunday. **Unit Leaders can pick up their patches after final inspection is completed.** Units departing prior to 10:00 a.m. Sunday morning will need to make prior arrangements for their final inspection.

ELECTRONIC EQUIPMENT – Electronic equipment used for entertainment purposes is not appropriate at Boy Scout outings. This includes radio and television receivers, tape or CD players, IPODS, IPHONES and all electronic games. Any unit electronic equipment in support of health and safety is permitted. Personal cell phones **MUST** be turned off or in silent mode during all activities.

Exception: At least one cell phone will be required to be carried by each Patrol during the Race.

CAMPOREE ACTIVITIES

BOY SCOUTS

Scouts will traverse the terrain of Camp Saffron at Broad Creek Memorial Scout Reservation participating in:

- Knots
- Firebuilding
- First Aid
- Physical Fitness
- Orienteering
- Team Building Activities

1st YEAR WEBELOS

1st year Webelos Scouts will participate in the following exciting and adventurous activities leading to their Outdoorsman Patch:

- “Get Ready for a Hike” – Instructions in hiking, and compass basics, outdoor essentials
- “First Aid You Should Know” – Blister and burns, drippers and squirts, ticks and bees
- “A Good Rope Can Save Your Life” – Rope work and knot tying
- “Get Ready for Camping” – Camping essentials for the 1st year Webelos
- “Let’s Have a Campfire” – Fire safety and fire start
- Overnight camping on Saturday night

NOTE: There will be a moonlight hike after the Saturday campfire.

2nd YEAR WEBELOS

- Pairs of 2nd year Webelos will be integrated into the Boy Scout and will spend the day in competing in the Amazing Race.
- Ensure the 2nd year Webelos are aware of the prerequisite Scouting skills for the Amazing Race. Camporee Staff does not expect proficiency of Scouting Skills by 2nd year Webelos at this Camporee.

CUB SCOUTS

Morning Sessions

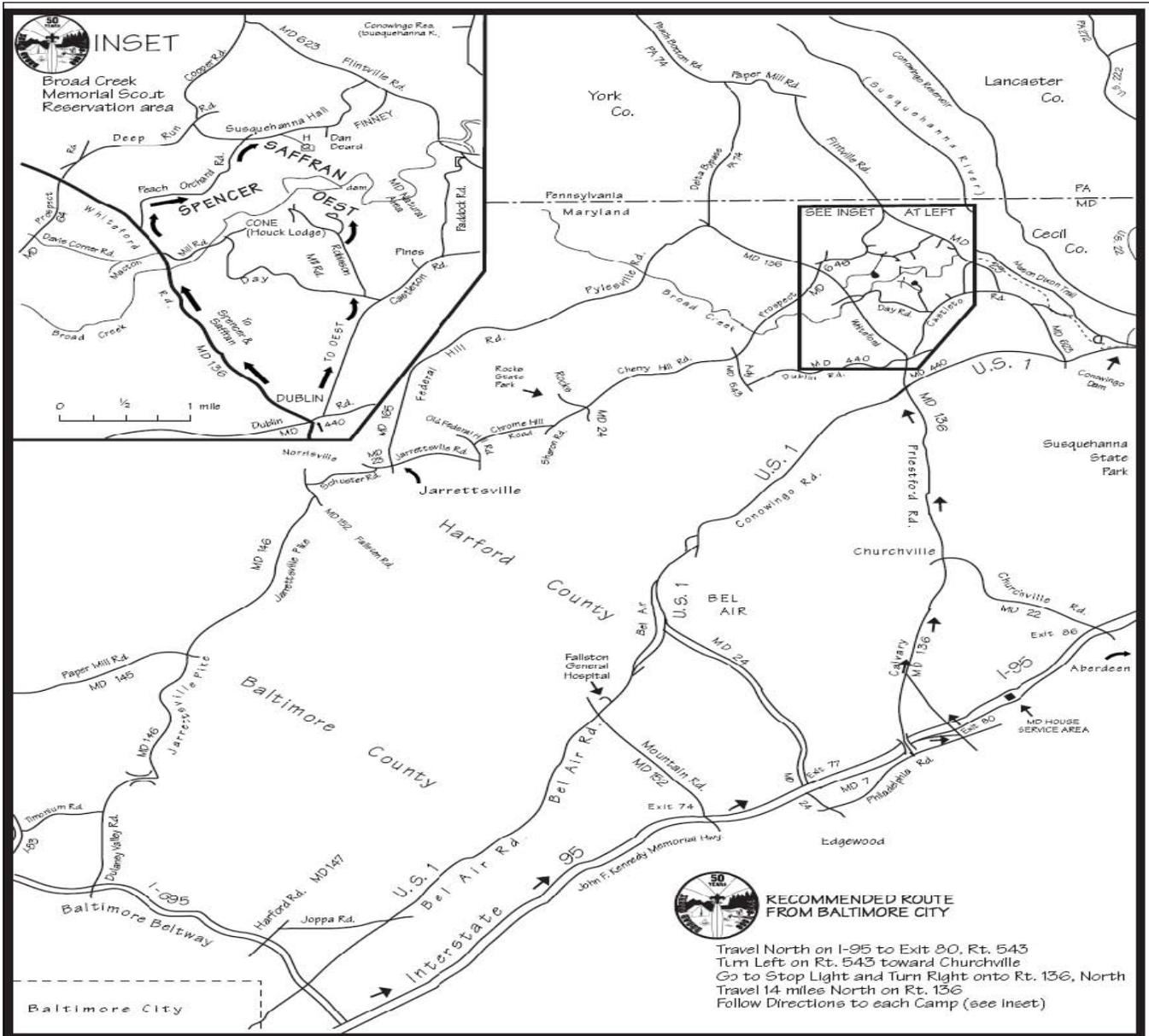
- Nature Hunt – Tiger/Wolf/Bear
- Ultimate Pumpkin Carving – Tiger/Wolf/Bear

- Marshmallow Shoot – Tiger/Wolf/Bear
- Fossil Making – Tiger/Wolf/Bear
- Catapult Fun Game – Tiger/Wolf/Bear
- Saw Dust and Nails – Wolf/Bear
- Whittlin Chip - Bear

Afternoon Sessions (At Apple Farm) (There will be a \$3.00 charge for the each participant)

- Hayrides
- Petting Zoo
- Corn Maze
- Kiddie Maze
- Lawn Bowling
- Reindeer Antler Toss
- Model Trains
- Spooky Spot
- Picture Boards
- Applewood Play Ground
- Picnic Area

TRAVEL DIRECTIONS – Use the address and map below to determine your best route to the fall camporee.



From Baltimore City

I-95 N. to Exit 80 (Churchville). Travel towards Churchville on Rte. 543. Go about 2 miles and turn right on Rte. 136. Go about 12 miles north on Rte. 136. You will cross Rte 22 and Rte. 1. Three miles from Rte. 1 you will come to a four way stop in Dublin.

CAMPOREE EVENT SCHEDULE

Friday, October 22

6:00 PM	Registration/Check-In Begins
Midnight	Registration/Check-In Closes
9:45 PM	Leaders and SPL Meeting
10:15 PM	Cracker Barrel
10:00 PM	Lights Out in Camping Areas (Quite Period Begins)
10:30 PM	Amazing Race Staff Meeting

Saturday, October 23

6:30 AM	Quite Period Ends
7:00 AM	Registration Continues
7:30 AM	Breakfast at Campsite
8:15 AM	Amazing Race Staff Meeting
9:00 AM	Final Instruction to Patrol Leaders
9:15 AM	Flag Ceremony/Cub Fun Day Events Begin*
9:30 AM	Boy Scout Events Begin
11:45 AM	Lunch for Cub Scouts
12:00 Noon	Lunch for Boy Scouts and Webelos II
12:30 PM	Boy Scout Events Continue
1:00 PM	Cub Scout Events Continue/Applewood Farm
4:00 PM	Events End
5:15 PM	Flag Ceremony*
5:30 PM	Dinner
8:45 PM	OA Campfire and Awards Ceremony
9:45 PM	Moonlight Hike
10:00 PM	Cracker Barrel
Midnight	Lights Out in Camping Areas (Quite Period Begins)

Sunday, October 24

6:30 AM	Quite Period Ends
7:30 AM	Flag Ceremony*
7:45 AM	Breakfast
9:00 AM	Scouts Own Service*
9:30 AM	3 Mile Hike for Outdoorsman Participants (Webelos I)
10:00 AM	Closing
10:00 AM – Noon	

**All units must check out with a Camporee Staff member before leaving.
Units must leave Camp Saffran by noon.**

*NOTE: Ceremonies and religious services are appropriate times to wear Scout Field uniforms; (Class "A") as one way to demonstrate SCOUT SPIRIT. Time is provided in the schedule for Scouts to make uniform changes before and after events.

FALL CAMPOREE CAMPSITE INSPECTION FORM

Inspection is by Unit only, not by den or patrol

UNIT: _____

CAMPSITE: _____

EVENT CAMPSITE INSPECTION		
POINTS	DESCRIPTION	SCORE
GENERAL CAMPSITE		
5	UNIT SITE IDENTIFIED	
5	PATROL/DEN SITE (S) IDENTIFIED	
5	UNIT BULLETIN BOARD – General Information	
5	PATROL /DEN BULLETIN BOARD –Menu & Duty Roster	
10	CAMPCRAFT (s)	
5	CAMPSITE CLEANLINESS (No trash)	
KITCHEN & COOK AREA		
5	CLEAN DISHES	
10	CLEAN DINING AREA (No food on ground, etc.)	
10	SAFE COOKING AREA (Stoves, Fire ring, etc.)	
10	SAFE KITCHEN AREA (Food, Knives stowed, etc.)	
SAFETY		
10	UNIT FIRST AID KIT ACCESSIBLE	
10	GUY LINES AND TENT LINES MARKED (Flagged)	
10	FIRE BUCKETS IN AREA (KP buckets filled with water, etc.)	
100	TOTAL:	

JUDGE'S COMMENTS

Annual Health and Medical Record

(Valid for 12 calendar months)

Medical Information

The Boy Scouts of America recommends that all youth and adult members have annual medical evaluations by a certified and licensed health-care provider. In an effort to provide better care to those who may become ill or injured and to provide youth members and adult leaders a better understanding of their own physical capabilities, the Boy Scouts of America has established minimum standards for providing medical information prior to participating in various activities. Those standards are offered below in one three-part medical form. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

Parts A and C are to be completed annually by all BSA unit members. Both parts are required for all events that do not exceed 72 consecutive hours, where the level of activity is similar to that normally expended at home or at school, such as day camp, day hikes, swimming parties, or an overnight camp, and where medical care is readily available. Medical information required includes a current health history and list of medications. Part C also includes the parental informed consent and hold harmless/release agreement (with an area for notarization if required by your state) as well as a talent release statement. Adult unit leaders should review participants' health histories and become knowledgeable about the medical needs of the youth members in their unit. This form is to be filled out by participants and parents or guardians and kept on file for easy reference.

Part B is required with parts A and C for any event that exceeds 72 consecutive hours, or when the nature of the activity is strenuous and demanding, such as a high-adventure trek. Service projects or work weekends may also fit this description. It is to be completed and signed by a certified and licensed health-care provider—physician (MD, DO), nurse practitioner, or physician's assistant as appropriate for your state. The level of activity ranges from what is normally expended at home or at school to strenuous activity such as hiking and backpacking. Other examples include tour camping, jamborees, and Wood Badge training courses. It is important to note that the height/weight limits must be strictly adhered to if the event will take the unit beyond a radius wherein emergency evacuation is more than 30 minutes by ground transportation, such as backpacking trips, high-adventure activities, and conservation projects in remote areas.

Risk Factors

Based on the vast experience of the medical community, the BSA has identified that the following risk factors may define your participation in various outdoor adventures.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Sleep disorders
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on www.scouting.org.

Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

For frequently asked questions about this Annual Health and Medical Record, see Scouting Safely online at <http://www.scouting.org/scoutsourc/HealthandSafety.aspx>. Information about the Health Insurance Portability and Accountability Act (HIPAA) may be found at <http://www.hipaa.org>.



BOY SCOUTS OF AMERICA.

Emergency contact No.:

Allergies:

DOB:

Last name:

Annual BSA Health and Medical Record

Part A

GENERAL INFORMATION

Name _____ Date of birth _____ Age _____ Male Female
 Address _____ Grade completed (youth only) _____
 City _____ State _____ Zip _____ Phone No. _____
 Unit leader _____ Council name/No. _____ Unit No. _____
 Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
 Health/accident insurance company _____ Policy No. _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD (SEE PART C). IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."

In case of emergency, notify:

Name _____ Relationship _____
 Address _____
 Home phone _____ Business phone _____ Cell phone _____
 Alternate contact _____ Alternate's phone _____

MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____
 Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

Exemption to immunizations claimed.

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

(For more information about immunizations, as well as the immunization exemption form, see Scouting.org.)

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ / MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ / MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ / MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
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NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Part B

PHYSICAL EXAMINATION

Height _____ Weight _____ % body fat _____ Meets height/weight limits Yes No
 Blood pressure _____ Pulse _____

Individuals desiring to participate in any high-adventure activity or event in which emergency evacuation would take longer than 30 minutes by ground transportation will not be permitted to do so if they exceed the height/weight limits as documented in the table at the bottom of this page or if during a physical exam their health care provider determines that body fat percentage is outside the range of 10 to 31 percent for a woman or 2 to 25 percent for a man. Enforcing this limit is strongly encouraged for all other events, but it is not mandatory. (For healthy height/weight guidelines, visit www.cdc.gov.)

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs				Other	Yes	No	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			Explain
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			
Tuberculosis (TB) skin test (if required by your state for BSA camp staff) <input type="checkbox"/> Negative <input type="checkbox"/> Positive							

Allergies (to what agent, type of reaction, treatment): _____

I certify that I have, today, reviewed the health history, examined this person, and approve this individual for participation in:

- Hiking and camping Competitive activities Backpacking Swimming/water activities Climbing/rappelling
- Sports Horseback riding Scuba diving Mountain biking Challenge ("ropes") course
- Cold-weather activity (<10°F) Wilderness/backcountry treks

Specify restrictions (if none, so state) _____

Certified and licensed health-care providers recognized by the BSA to perform this exam include physicians (MD, DO), nurse practitioners, and physician's assistants.

- To Health Care Provider:** Restricted approval includes:
- Uncontrolled heart disease, asthma, or hypertension.
 - Uncontrolled psychiatric disorders.
 - Poorly controlled diabetes.
 - Orthopedic injuries not cleared by a physician.
 - Newly diagnosed seizure events (within 6 months).
 - For scuba, use of medications to control diabetes, asthma, or seizures.

Provider printed name _____
 Signature _____
 Address _____
 City, state, zip _____
 Office phone _____
 Date _____

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

Part B **Last name:** _____ **DOB:** _____

Part C

Informed Consent and Hold Harmless/Release Agreement

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge Protected Health Information/ Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, including examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

- Without restrictions.
- With special considerations or restrictions (list) _____

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/ film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/ film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

- Yes No

Adults authorized to take youth to and from the event: (You must designate at least one adult. Please include a telephone number.)

- 1. _____
- 2. _____
- 3. _____

Adults NOT authorized to take youth to and from the event:

- 1. _____
- 2. _____
- 3. _____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Participant's name _____

Participant's signature _____

Parent/guardian's signature _____
(if under the age of 18)

Date _____

Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.



BOY SCOUTS OF AMERICA
1325 West Walnut Hill Lane
P.O. Box 152079
Irving, Texas 75015-2079
<http://www.scouting.org>

SKU 34605



34605 2009 Printing

Part C Last name: _____ DOB: _____

OVERNIGHT CAMPER ATTENDANCE FORM

Registration is by unit only. Do not submit this form by patrol or den.

(Please circle) Troop Pack Crew: _____

LIST NAMES OF ALL PARTICIPANTS (PLEASE PRINT)

Patrol Name _____

YOUTH NAME	ADULT NAME
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

Patrol Name _____

YOUTH NAME	ADULT NAME
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

DO NOT MAIL THIS FORM TO NCAC OFFICE

This form must be completed and presented during check-in at the fall camporee.

OVERNIGHT CAMPER ATTENDANCE FORM (continued)

Patrol Name _____

YOUTH NAME	ADULT NAME
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

Patrol Name _____

YOUTH NAME	ADULT NAME
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

Patrol Name _____

YOUTH NAME	ADULT NAME
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

CUB DAY ATTENDANCE FORM

Registration is by unit only. Do not submit this form by patrol or den.

Pack _____

LIST NAMES OF ALL PARTICIPANTS (PLEASE PRINT)

Den Name _____

YOUTH NAME	ADULT NAME
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

Den Name _____

YOUTH NAME	ADULT NAME
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

CUB DAY ATTENDANCE FORM (continued)

Registration is by unit only. Do not submit this form by patrol or den.

Pack _____

LIST NAMES OF ALL PARTICIPANTS (PLEASE PRINT)

Den Name _____

YOUTH NAME	ADULT NAME
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

Den Name _____

YOUTH NAME	ADULT NAME
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.